

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	/					
2	X					
3						
4	X					
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50						

TOTAL IND.

9

TOTAL DEP.

2

TOTAL CLAIMS

11



TOTAL IND.

1

TOTAL DEP.

1

TOTAL CLAIMS

2

